



## Innovation Resource Paper

### I. INTRODUCTION

The following is an initial articulation of the Innovation Committee's recommendations to the Mental Health Oversight and Accountability Commission (OAC) for Mental Health Services Act (MHSA) funding for Innovative Programs. The document includes:

- a) The foundation for Innovative Programs articulated in the *MHSA*, including *funding priorities*
- b) A *definition* of innovation to provide a framework for discussion
- c) *Scope* of innovation: the range of potential application for innovation funding
- d) *Principles*: essential building blocks to successful innovation that promote transformation
- e) *Criteria*: indicators that proposed innovation will be successful and support MHSA priorities.

The Innovation Committee believes that the proposed definition, scope, principles, and criteria for Innovative Programs best achieve the purposes articulated in the MHSA.

### II. MHSA PRIORITIES FOR INNOVATIVE PROGRAMS

A key overall purpose of the MHSA is to “reduce the long-term impact on individuals, families and state and local budgets resulting from untreated mental illness” and “to expand the kinds of successful, innovative service programs for children, adults, and seniors begun in California, including culturally and linguistically competent approaches for underserved populations. These programs have already demonstrated their effectiveness in providing outreach and integrated services, including medically necessary psychiatric services, and other services to individuals most seriously affected by or at risk of serious mental illness” (Section 3, b and c).

According to the MHSA (Part 4.5, Mental Health Services Fund, Section 5892 a.6), “5% of the total funding for each county mental health program for Parts 3 [adults and seniors], 3.6 [prevention and early intervention], and 4 [children] shall be utilized for Innovative Programs after approval of the proposed programs by the MHSOAC.”

**Recommendation: The Innovation Committee believes that the source of Innovation funds does not define or limit the direction of Innovation spending and that Innovation funding priorities, scope, principles and criteria are independent of those adopted for Community Services and Supports and Prevention Early Intervention.**

The Innovation Committee proposes that the goals articulated in the MHSA, Part 3.2 Innovative Programs, Section 5830 (a.1-4), constitute the *Priorities for Innovative Programs*.

- a) Increase access to underserved groups
- b) Increase the quality of services, including better outcomes
- c) Promote interagency collaboration
- d) Increase access to services.

### **III.DEFINITION OF INNOVATION**

**Recommendation: The Innovation Committee defines Innovative Programs as novel, creative approaches developed within communities in ways that are inclusive and representative, especially of un-served and underserved individuals. Innovation transforms mental health delivery and leads to learning and positive outcomes.**

**Merely addressing an unmet need is not sufficient for innovation funding. Further, and by their very nature, not all innovations will be successful.**

Innovative approaches, in addition to being new, often:

- Build on creative approaches not currently considered part of mental health delivery
- Challenge existing paradigms; change the status quo in fundamental ways
- Experiment and take risks
- Communicate about mental illness and mental health in different words
- Think in different categories
- Reflect voices not often heard in mental health policy and practice
- Engage and support people who are not currently being served
- Occur in settings not traditionally defined as mental health
- Fund work that currently is not funded, or not funded as “mental health”
- Involve people and partners in unfamiliar relationships and roles.

#### IV. SCOPE OF INNOVATION

Recommendation: Innovative Programs for designated MHSA priorities are available for a broad scope of approaches, including but not limited to the following:

- Introduction of a new mental health approach
- Substantial change of an existing mental health approach, including adaptation of a successful practice for a new setting or community
- New application to the mental health system of a promising traditional or community approach or an approach that has been successful in other (non-mental health) contexts.

Innovative Programs cumulatively support individuals and families across all age groups, includes multi-generational approaches.

Innovation funds can focus on various levels of intervention, including but not limited to individuals, families (self-defined), neighborhoods, tribal and other communities, counties, multiple counties, regions and the State.

Innovation funds can support a wide spectrum of interventions, for example, advocacy, outreach, capacity and community development, planning, prevention, early intervention, services and supports and recovery.

Innovation funds can support:

- Policy and system changes
- Research
- Public educational efforts, such as an anti-stigma campaign
- Efforts to increase the capacity of service providers, including people not currently defined as mental health practitioners.

Availability of funding does not imply that a specific proposal must address all categories or the entire range in any category.

The following are **ineligible** for MHSA Innovation funding:

- a) Approaches that have demonstrated their effectiveness and that do not add to learning; these can be considered under MHSA Community Services and Supports
- b) Approaches that fail to demonstrate that they accurately express the priorities and design of representative community stakeholders, including people currently un-served and underserved by the mental health system.

## V. PRINCIPLES AND CRITERIA

The Innovation Committee recommends the following principles to guide innovation funding. It is expected that funded Innovative Programs will reflect all recommended principles. Proposed criteria are preliminary, to be developed by committee members.

**a) Recommended Principle: Innovative Programs are aligned with the transformational values identified in the *Mental Health Services Act*.**

Criteria (examples)

- i. Addresses a significant need in one or more Innovation Priority
- ii. Increases access to un-served and underserved communities; defines and provides a rationale for who is un-served and underserved
- iii. Provides a rationale that the proposed innovation will lead to transformation of California's mental health system in directions defined by the MHSA
- iv. Proposes innovative approaches to reduce stigma and discrimination

**b) Recommended Principle: Proposed innovations are developed at the grass roots level, with inclusive representation, and accurately reflect a community's perception of its priority needs and resources.**

Criteria (examples)

- i. Documents culturally and linguistically appropriate outreach and supports for inclusion of representative stakeholders, including people currently un-served and underserved by mental health
- ii. Documents a fair, inclusive, respectful, and effective process for community input, including at least proportional participation of un-served and underserved individuals of diverse race, language, ethnicity, tribe, age, mobility, sexual preference etc.
- iii. Documents evidence that all elements of planning for innovation reflect the perspectives and participation of diverse stakeholders, including but not limited to definition and priority of need to be addressed, rationale for design and delivery, plan for ongoing assessment and course correction and design of evaluation and dissemination
- iv. Documents that all aspects of program design accurately reflect stakeholder needs, contributions and priorities.

**c) Recommended Principle: Proposed innovations are guided by a sound rationale**

Criteria (examples)

- i. Describes current baseline practice, service, system and/or policy to be changed by the proposed innovation; explains why status quo

needs to be changed—needed change could be to develop, support, and fund traditional practices that have been excluded from formal mental health system

- ii. Provides a rationale that the proposed Innovative Program is a good way to address the need (quality of approach) and is likely to meet the goals (outcome), based on theory, practice, research, cultural tradition or other method
- iii. Demonstrates awareness of existing successful state-of-the-art approaches to address the identified problem or need. Explains rationale for adapting successful approach, funding successful approach previously not included in formal mental health system or creating new approach
- iv. Includes context for innovation: an explanation of why proposed approach is appropriate in community, setting or other context; for adapted approaches, explains how program will be substantially changed to reflect community or other relevant context

**d) Recommended Principle: Innovative Programs demonstrate cultural competency and capacity to reduce disparities in mental health services and outcomes**

Criteria (examples)

- i. Prioritizes service providers and recipients not currently part of mental health delivery system in planning, designing, delivering and benefiting from proposed innovation
- ii. Documents evidence that all elements of innovation reflect the ongoing involvement of diverse stakeholders, including but not limited to direct roles in planning, designing, implementing, staffing, evaluating and disseminating
- iii. Incorporates culturally competent approaches to recovery, wellness and resilience, with involvement at all levels of people to be served
- iv. Builds infrastructure to support capacity development for un-served and underserved individuals, families and communities to articulate, plan and deliver innovative program
- v. Includes culturally appropriate approaches to reducing stigma and discrimination against people affected by mental illness

**e) Recommended Principle: The perspective, experience and priorities of service recipients and family members, including children, youth, adolescents, parents, caregivers, communities and tribal communities, are significantly reflected in Innovative Programs.**

Criteria (examples)

- i. Documents evidence that all elements of planning for innovation reflect the perspectives and participation of diverse individuals and family members, including but not limited to definition and priority

of need to be addressed, rationale for design and delivery, plan for ongoing assessment and course correction, and design of evaluation and dissemination

- ii. Documents evidence that all elements of delivery of innovation reflect the ongoing involvement of diverse individuals and family members, including but not limited to direct roles in implementation, staffing, evaluation, and dissemination
- iii. Demonstrates significant involvement, decision-making, and leadership of people to be served

**f) Recommended Principle: Proposed innovation are pilots with a defined time frame to demonstrate their usefulness and sustainability**

Criteria (examples)

- i. Proposed innovation includes a time frame in which it demonstrates its usefulness and, if relevant, transitions to stable funding or other form of sustainability
- ii. Documents commitment to continue innovative program that have been demonstrated to be useful

**g) Recommended Principle: Proposed innovation includes necessary supports**

Criteria (examples)

- i. Increases capacity for un-served and underserved individuals and communities to plan, develop and deliver innovative approaches
- ii. Includes strong leadership to increase the probability that innovation will be supported and sustained, including support from and for leaders (includes as “leaders” people to be served)
- iii. Includes realistic assessment of resources and supports needed for all elements of innovation, including, but not limited to, identifying state-of-the art approaches, planning, building infrastructure, outreach, implementation and delivery, baseline and ongoing assessment, outcome evaluation, and dissemination

**h) Recommended Principle. Innovations initiate, support and expand collaboration and linkages, including connections with systems, organizations, healers and practitioners whether or not traditionally defined as mental health**

Criteria (examples)

- i. Includes a plan to create and/or expand links with people, organizations and/or systems beyond traditional mental health (such as schools, primary care, housing and homeless services, first responders, traditional healers, employment programs or employers, law enforcement, social services, spiritual organizations, community and tribal leaders, other statewide collaboratives or initiatives etc.);

or, includes a plan to create and/or expand links with mental health delivery, if currently outside this defined system

- ii. Includes a plan to document increased collaboration, and the impact of this change.
- iii. Documents a relationship between proposed innovation and other MHSA components (community services and supports, prevention and early intervention, education and training, capital facilities and technology)
- iv. Collaborates with other State agencies, programs, and initiatives, such as First Five, Employment Development Department, Department of Education and others to maximize access and extend resources

**i) Recommended Principle: Innovation includes sound, culturally relevant evaluation**

Criteria (examples)

- i. Identifies expected changes and outcomes as a result of proposed innovation, and how these will be assessed
- ii. Embedded within all Innovations is a plan to measure success of innovation (it did what it said it would do), learning (it changed, if indicated, in response to experience) and results (positive, negative, and mixed).
- iii. Expresses culturally appropriate approaches to learning and evaluation that incorporate relevant community values
- iv. Includes definitions of success that incorporate perspectives of individuals, family members, tribes, and communities of what constitutes success

**j) Recommended Principle: Innovative Programs balance risk and safety**

Criteria (examples)

- i. Defines necessary risks and planned safeguards for participants, including protecting confidentiality
- ii. Protects people involved in research or evaluation efforts

**iii. Recommended Principle. Proposed innovation includes plan to communicate successes and build on lessons learned in order to disseminate successful practices**

Criteria (examples)

- i. Includes plan to disseminate to other locations, settings, and people the results of innovation, including replicating successful approaches and sharing lessons learned
- ii. Documents and/or includes plan to participate in local, regional, and statewide efforts to learn about Innovative Programs, including their

impact on mental health services and outcomes

**k) Recommended Principle: Proposed innovation leverages resources to maximize impact**

Criteria (examples)

- i. Proposed innovation brings additional resources, such as in-kind support, other sources of funding, etc.
- ii. Proposed innovation extends its reach and impact through collaboration with community partners
- iii. Program includes evidence of waivers or other policy changes needed to support innovation
- iv. Collaborates with other State agencies, programs, and initiatives, such as First Five, Employment Development Department, Department of Education and others to maximize access and extend resources